

FIG. 1

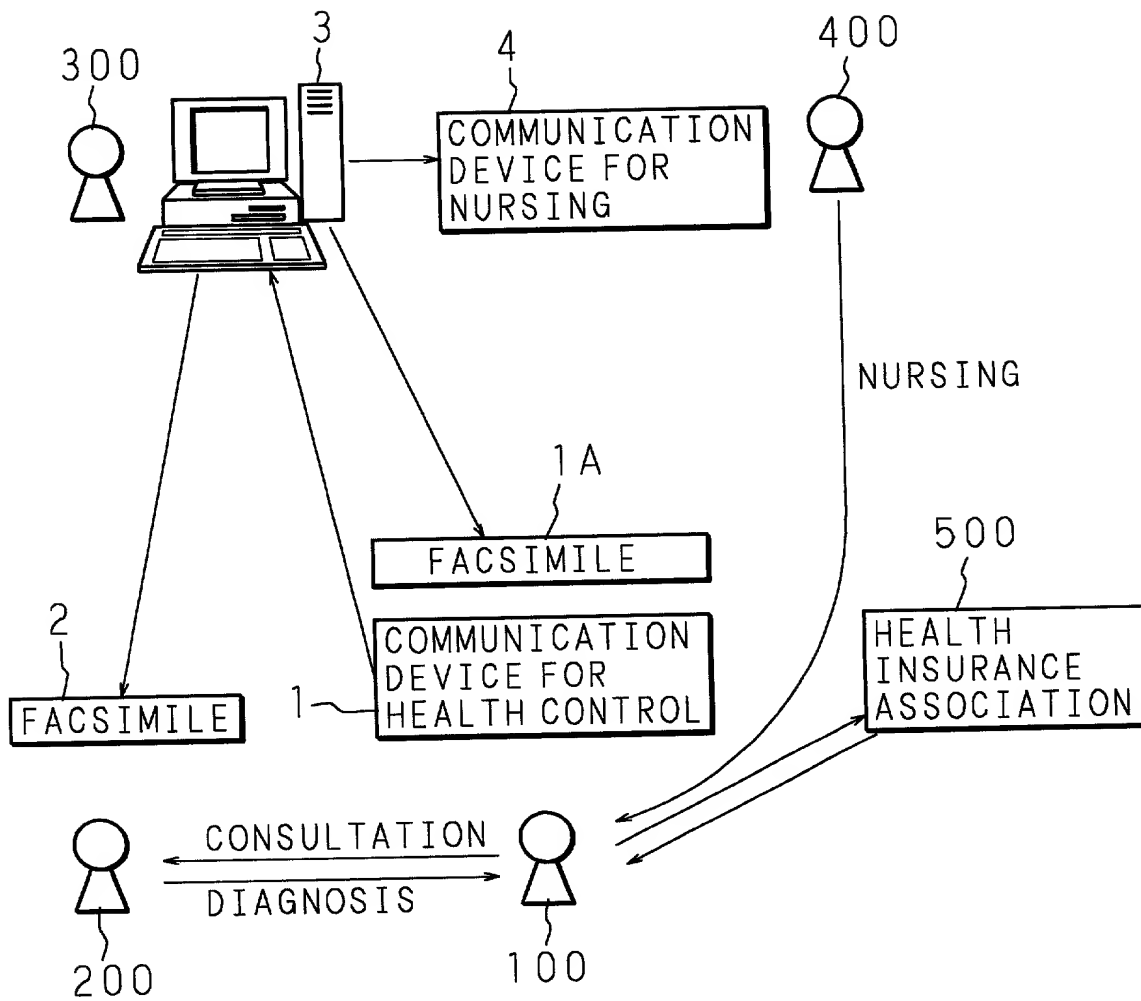


FIG. 2

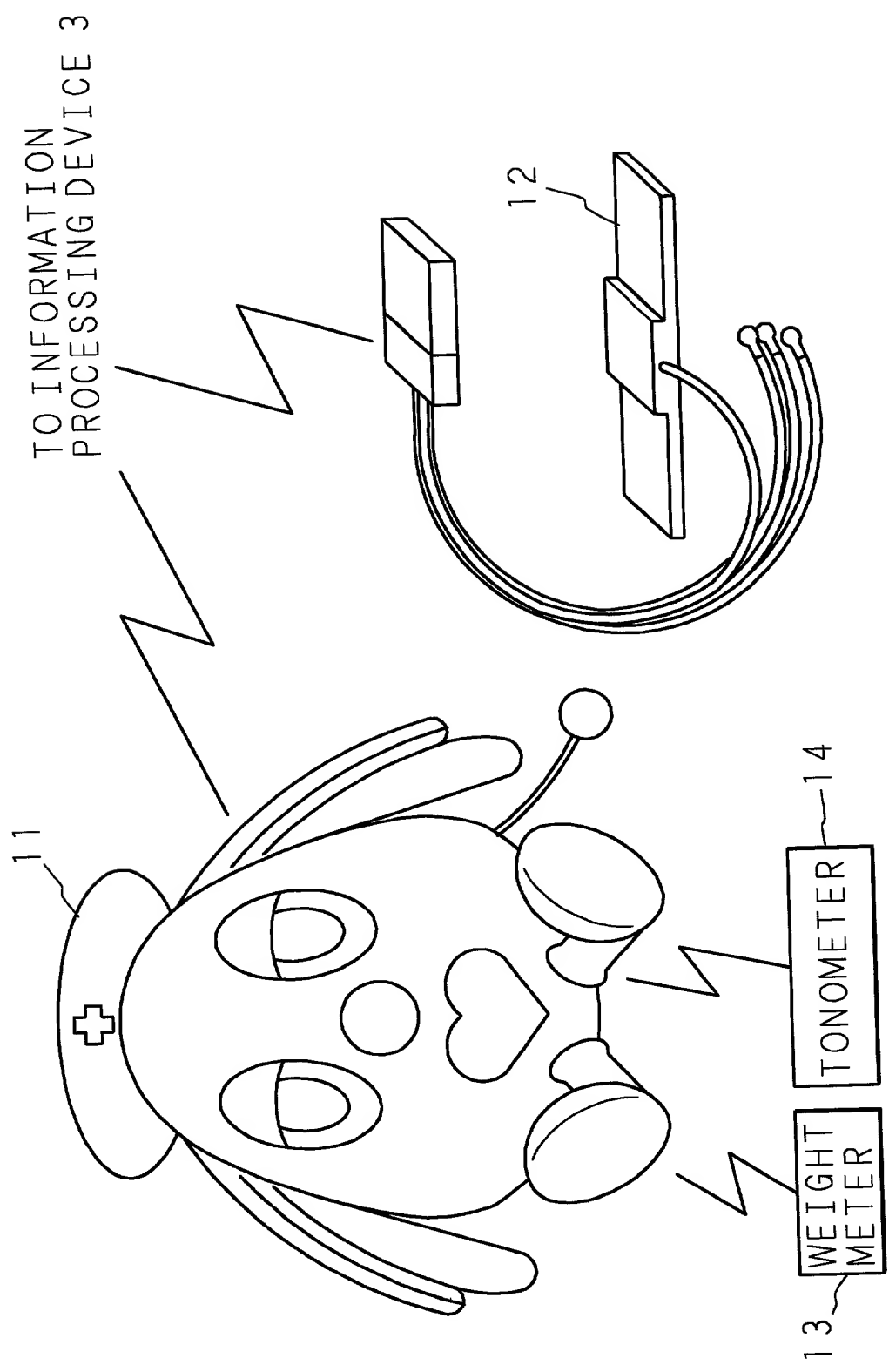


FIG. 3

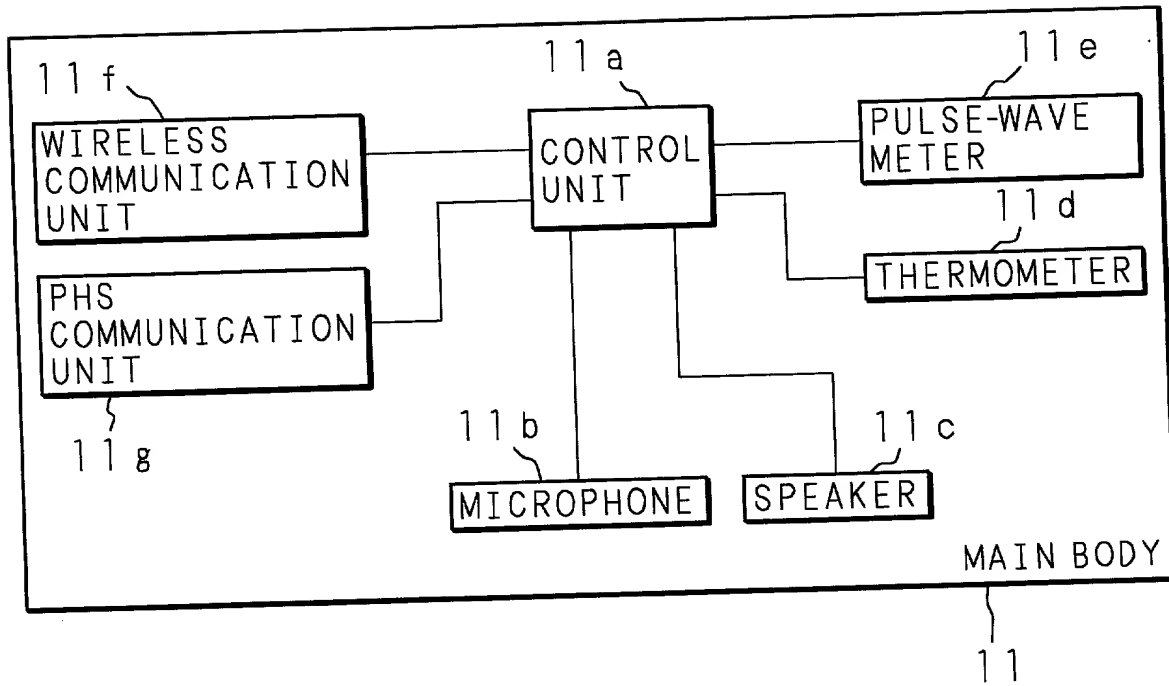


FIG. 4

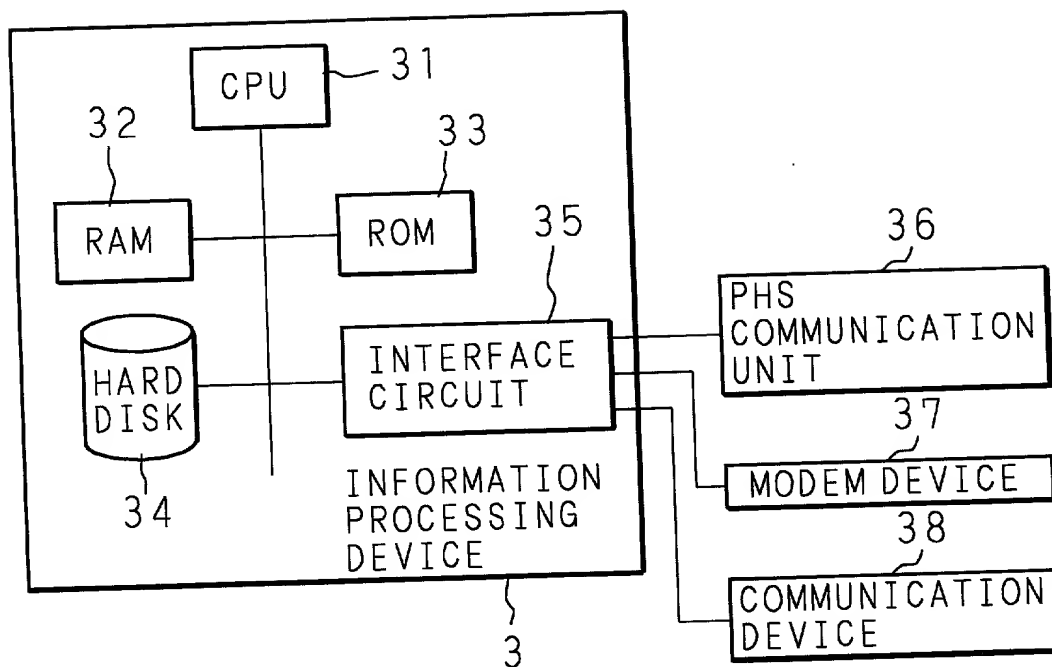


FIG. 5

COMMUNICATION DEVICE
FOR HEALTH CONTROL 1

INFORMATION
PROCESSING
APPARATUS 3

COMMUNICATION
DEVICE FOR
NURSING 4

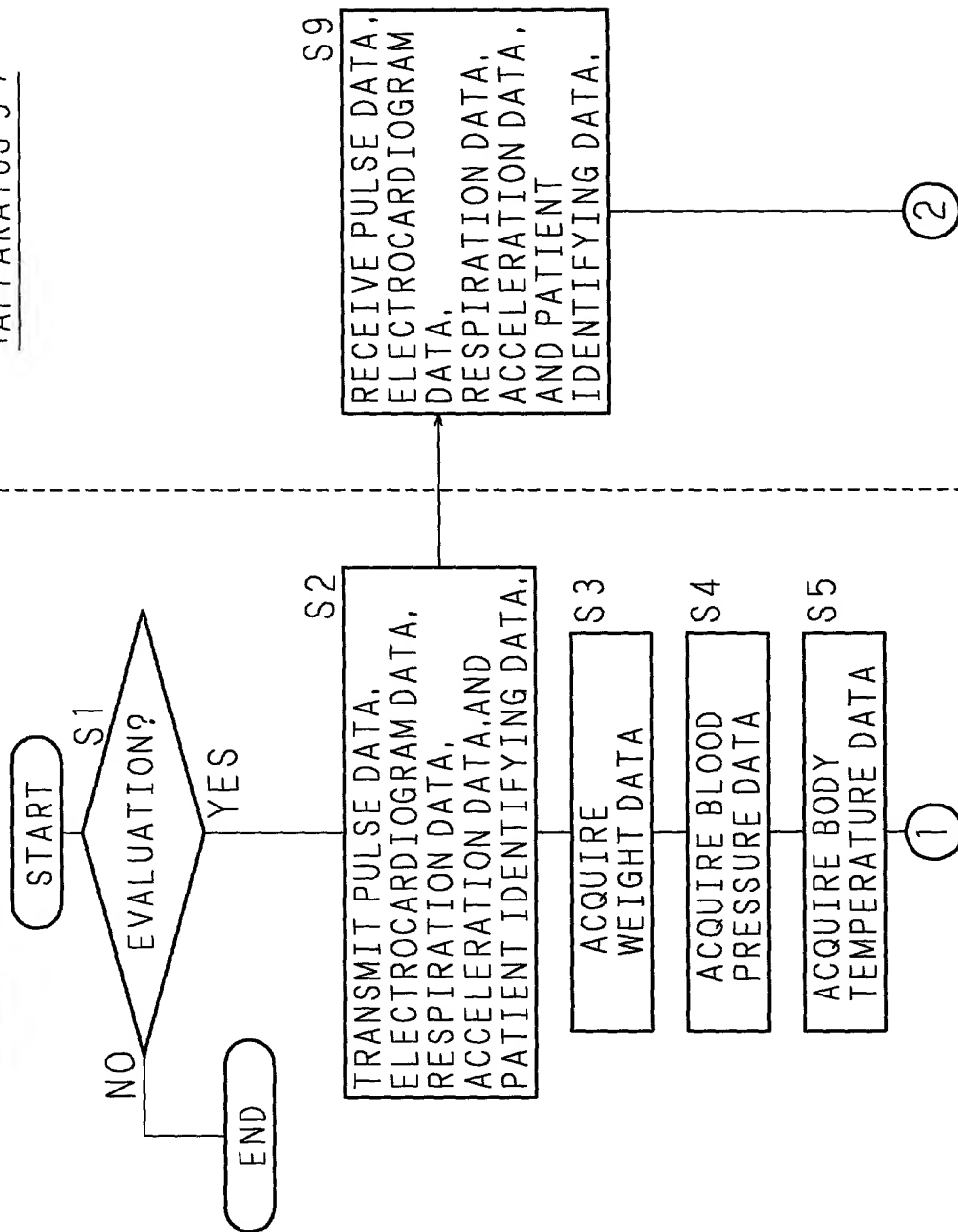
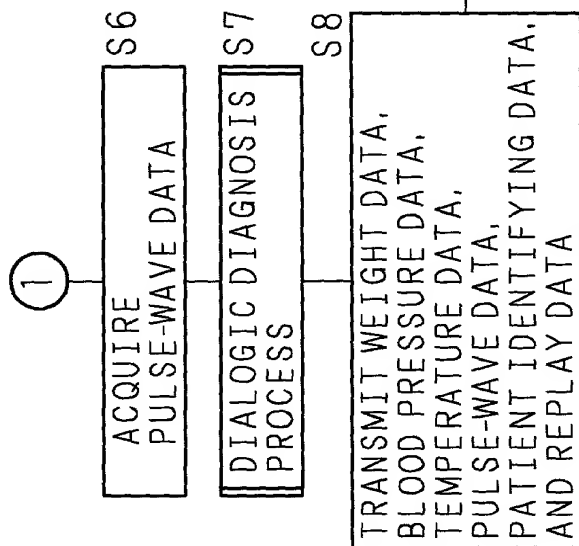
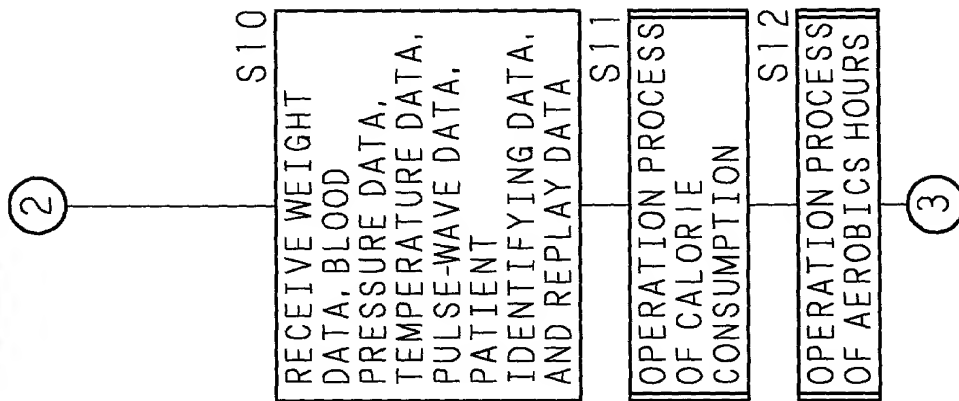


FIG. 6

COMMUNICATION DEVICE
FOR HEALTH CONTROL 1



INFORMATION PROCESSING APPARATUS 3



COMMUNICATION DEVICE FOR NURSING 4

FIG. 7

COMMUNICATION
DEVICE
FOR HEALTH
CONTROL 1

INFORMATION
PROCESSING
APPARATUS 3

COMMUNICATION
DEVICE FOR
NURSING 4

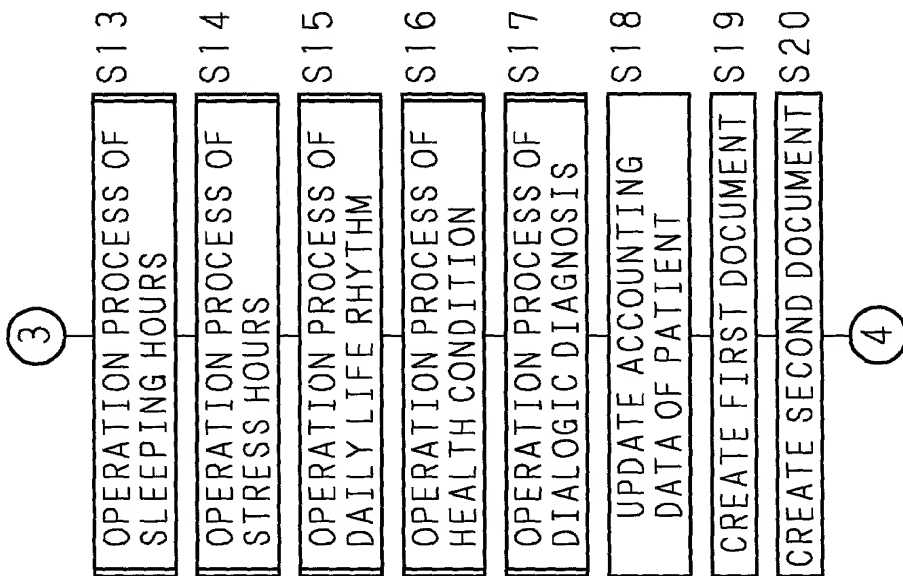


FIG. 8

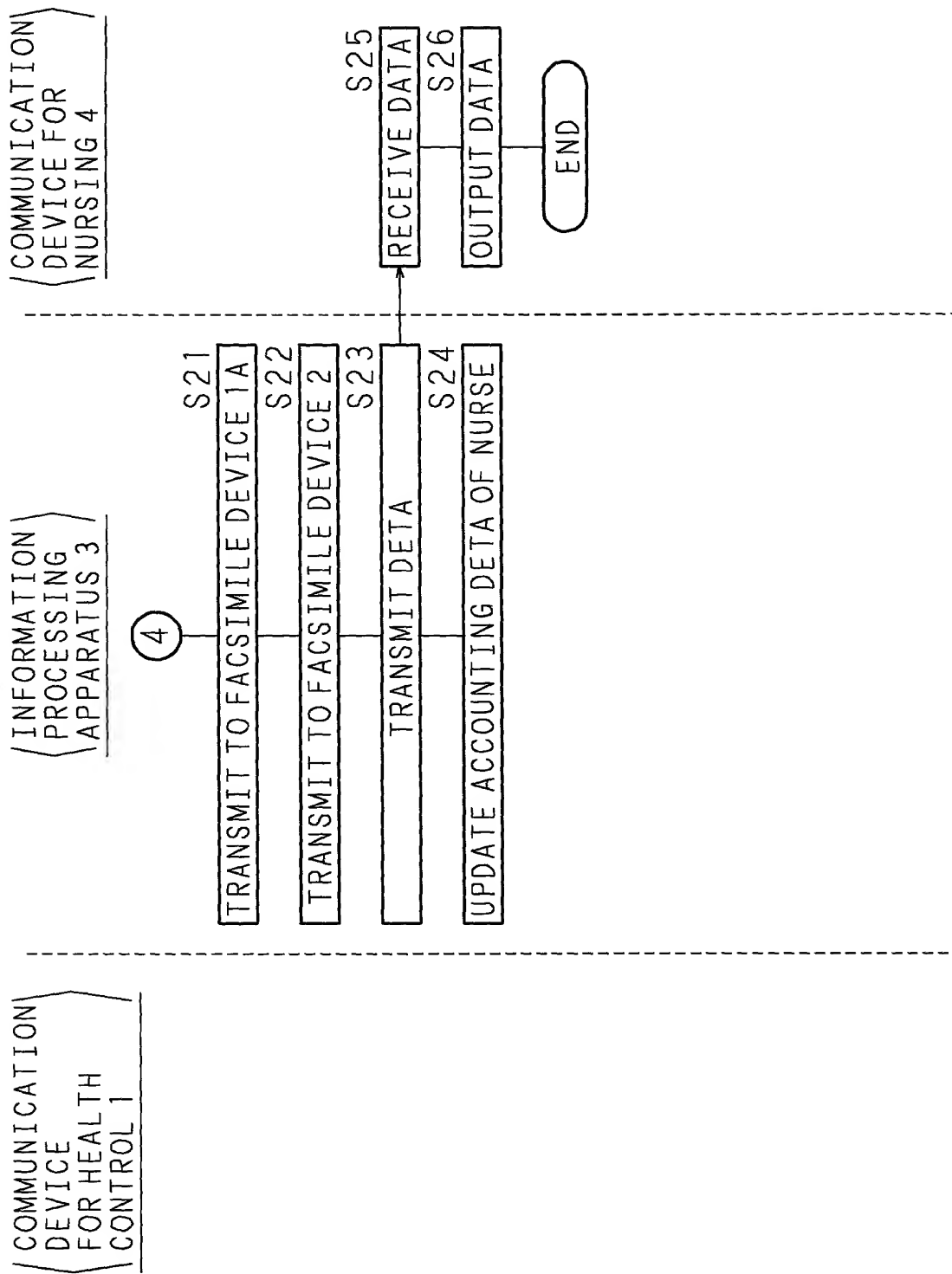


FIG. 9

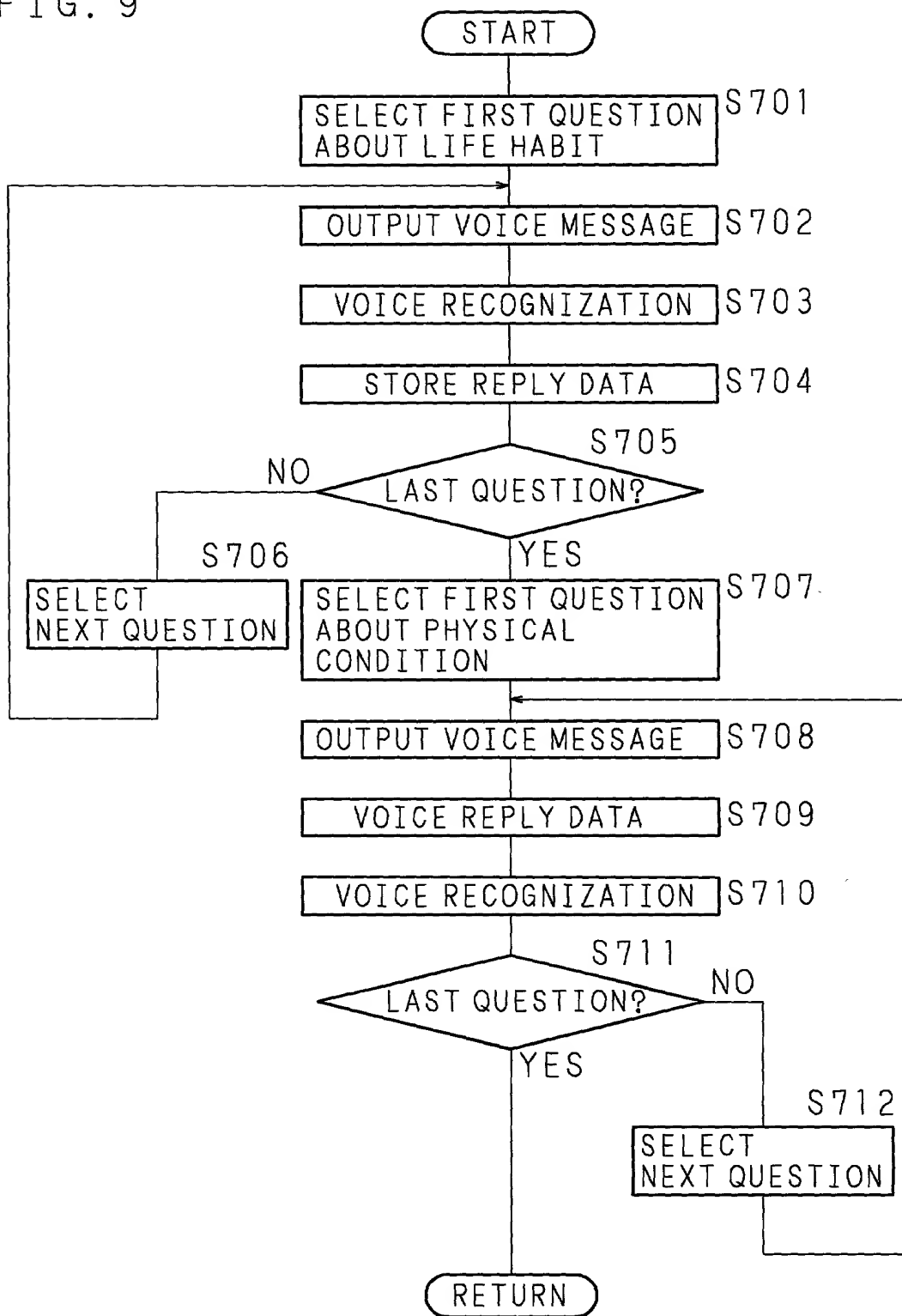


FIG. 10

QUESTION ABOUT LIFE HABIT	ANSWER IN UNHEALTHY STATE
1.DO YOU KEEP EARLY HOURS?	NO
2.DO YOU LIKE EXERCISE?	NO
3.DO YOU HAVE LIKES AND DISLIKES IN FOOD?	YES
4.DO YOU HAVE THREE MEALS A DAY?	NO
5.ARE YOU A NON-SMOKER?	NO
6.DO YOU HAVE STANDARD PROPORTIONS?	NO
7.DO YOU THINK YOU ARE TIDY?	NO
8.DO YOU LIKE VEGETABLES?	NO
9.DO YOU LIKE WALKING?	NO
10.DO YOU DRINK ALCOHOL A LOT?	YES

FIG. 11

QUESTION ABOUT PHYSICAL CONDITION	ANSWER IN UNHEALTHY STATE
1.DO YOU FEEL TIRED?	YES
2.DO YOU HAVE A HEADACHE?	YES
3.DO YOU SLEEP WELL?	NO
4.DO YOU HAVE ANY WORRIES?	YES
5.DO YOU FEEL COLD?	YES
6.ARE YOUR EYES BLURRED?	YES
7.DO YOU OFTEN SNEEZE?	YES
8.DO YOU COUGH A LOT?	YES
9.DO YOU SOMETIMES FEEL SUFFOCATED?	YES
10.DO YOU FEEL STRESS?	YES

FIG. 12

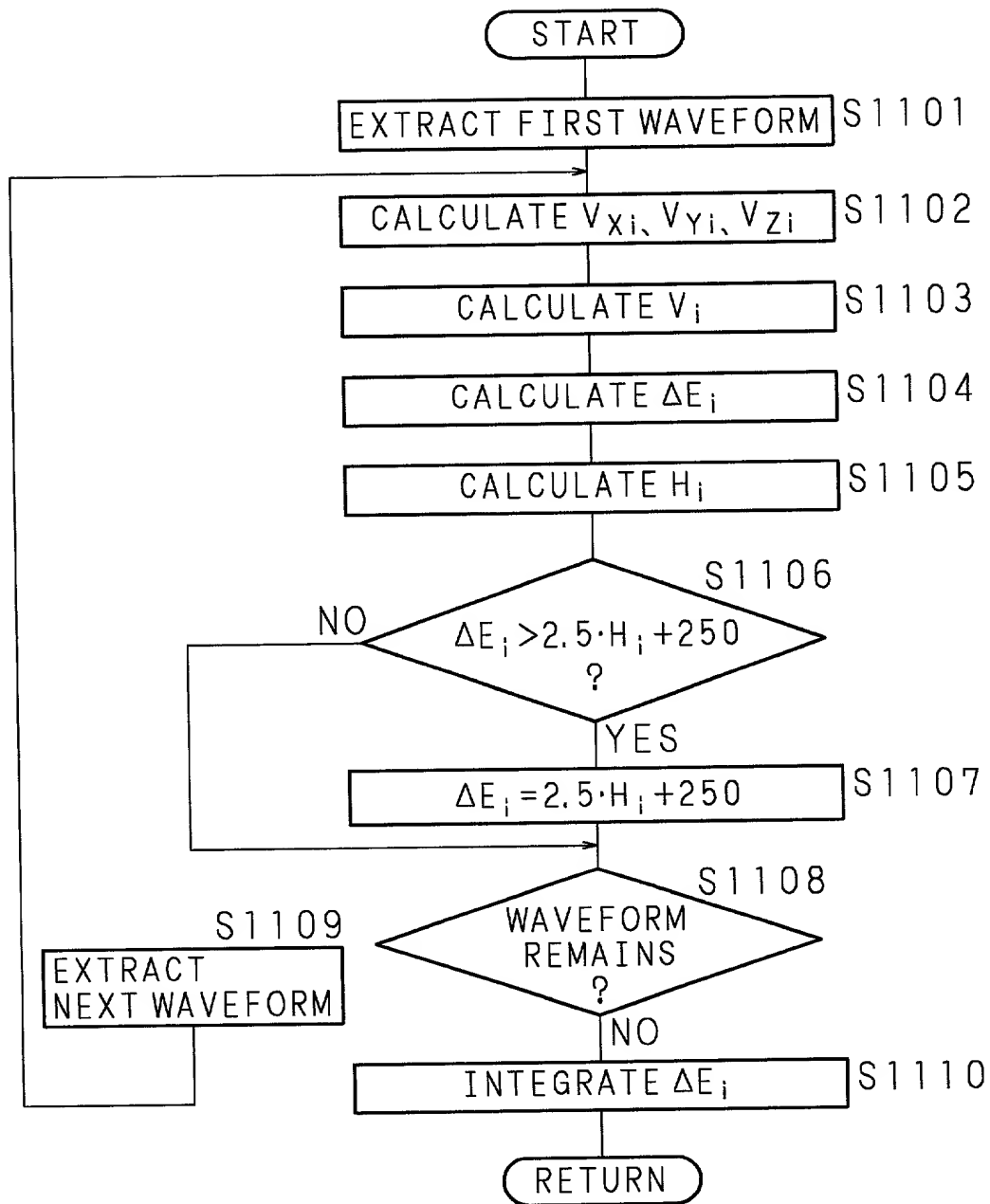


FIG. 13

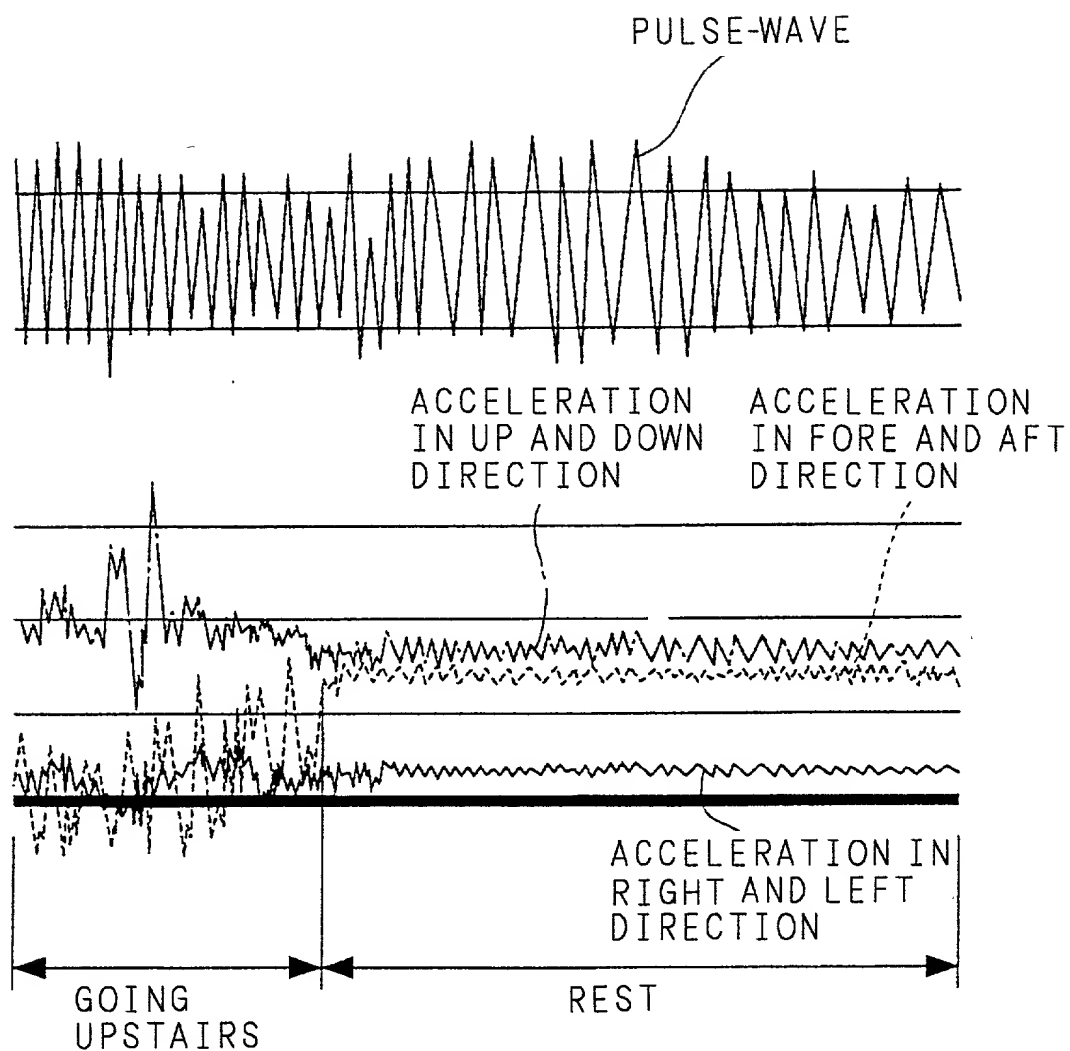


FIG. 14

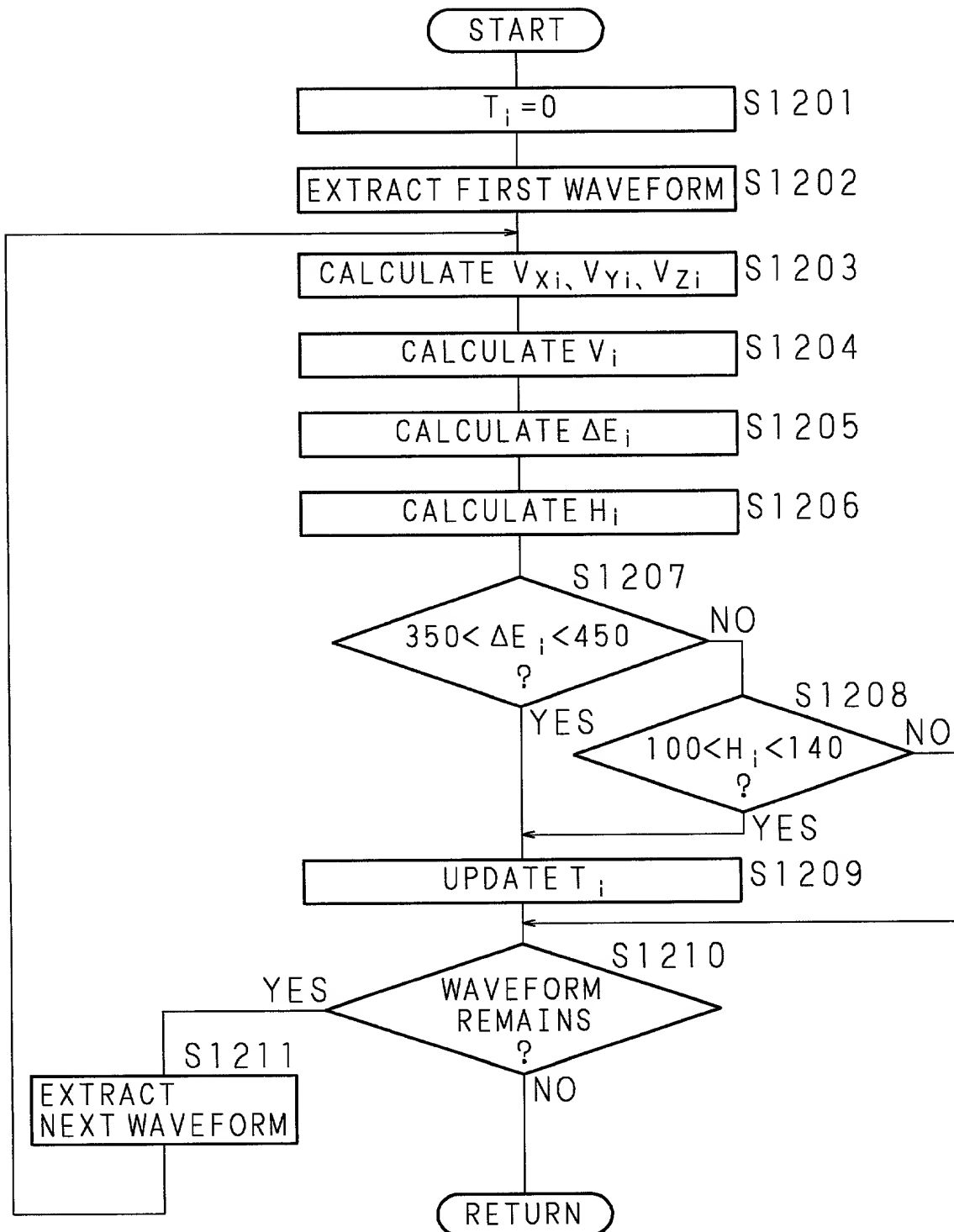


FIG. 15

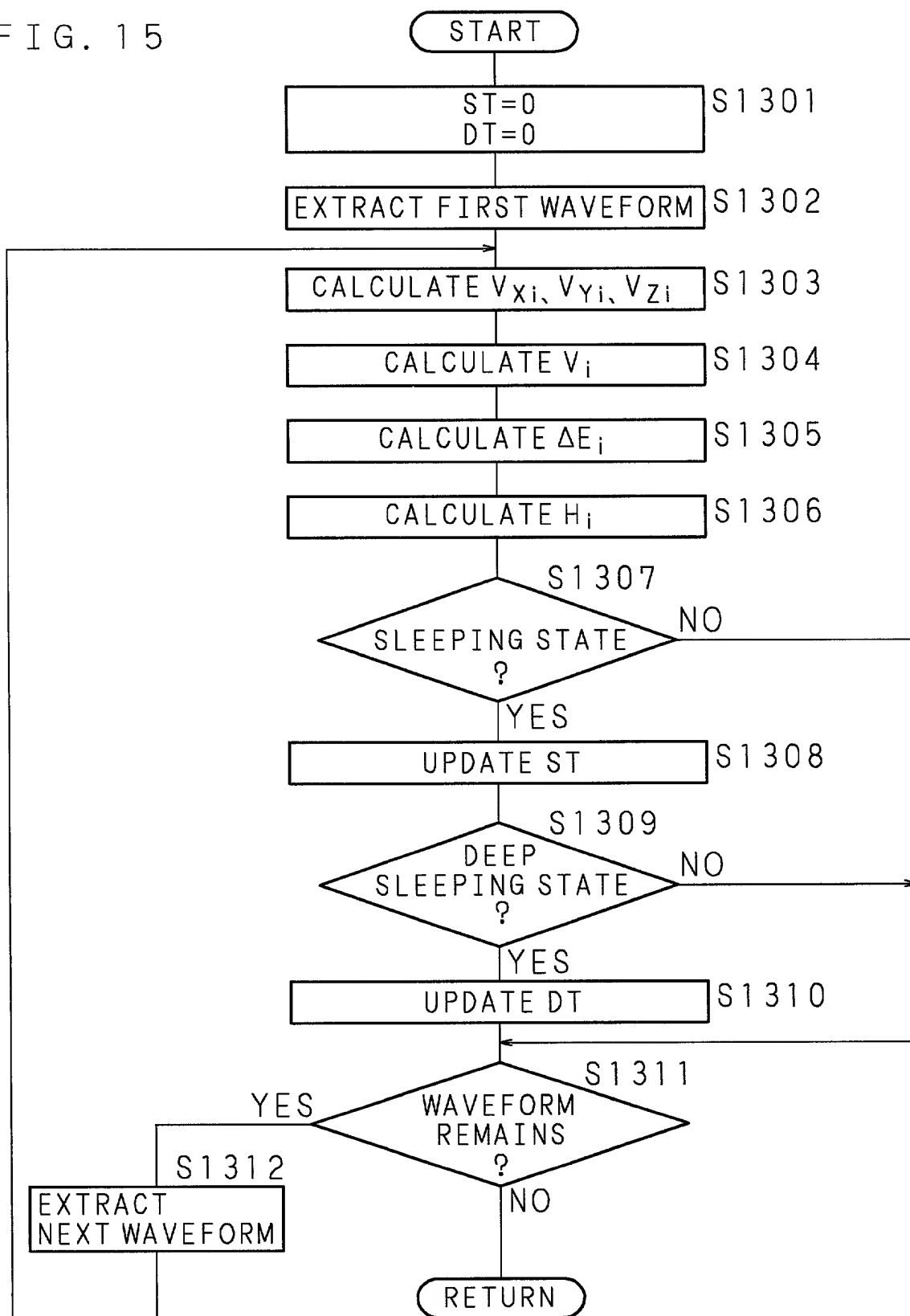


FIG. 16

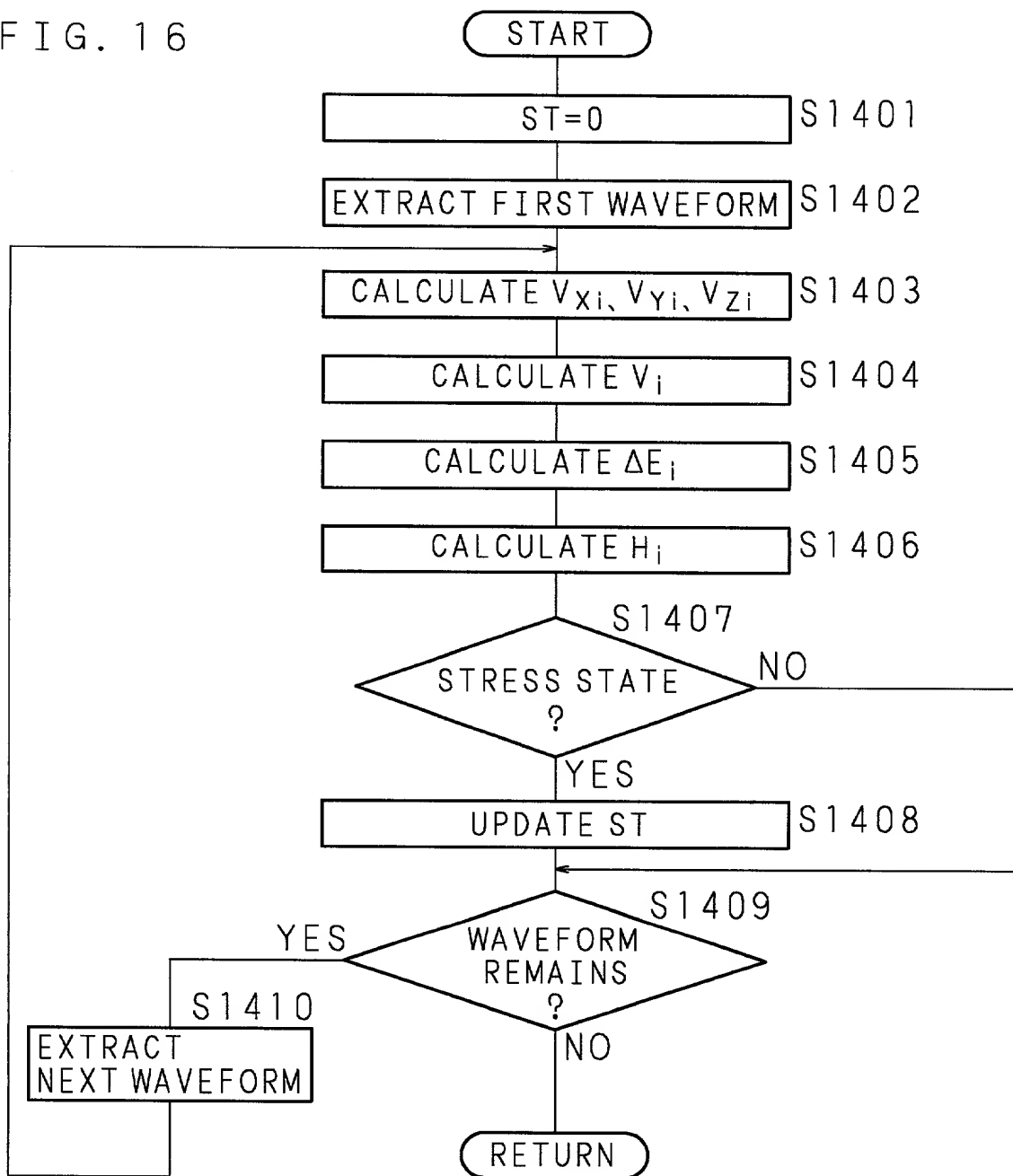


FIG. 17

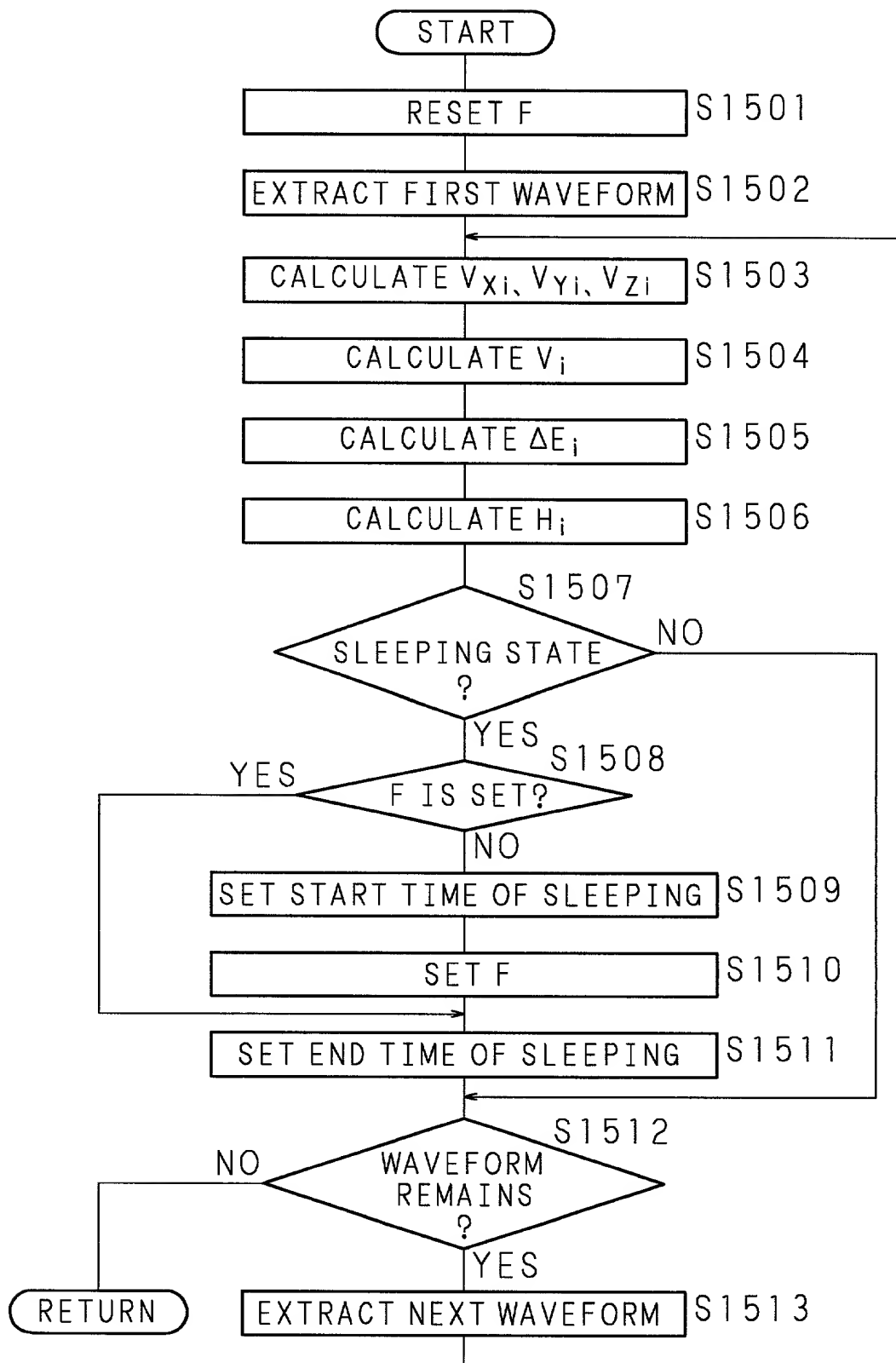


FIG. 18

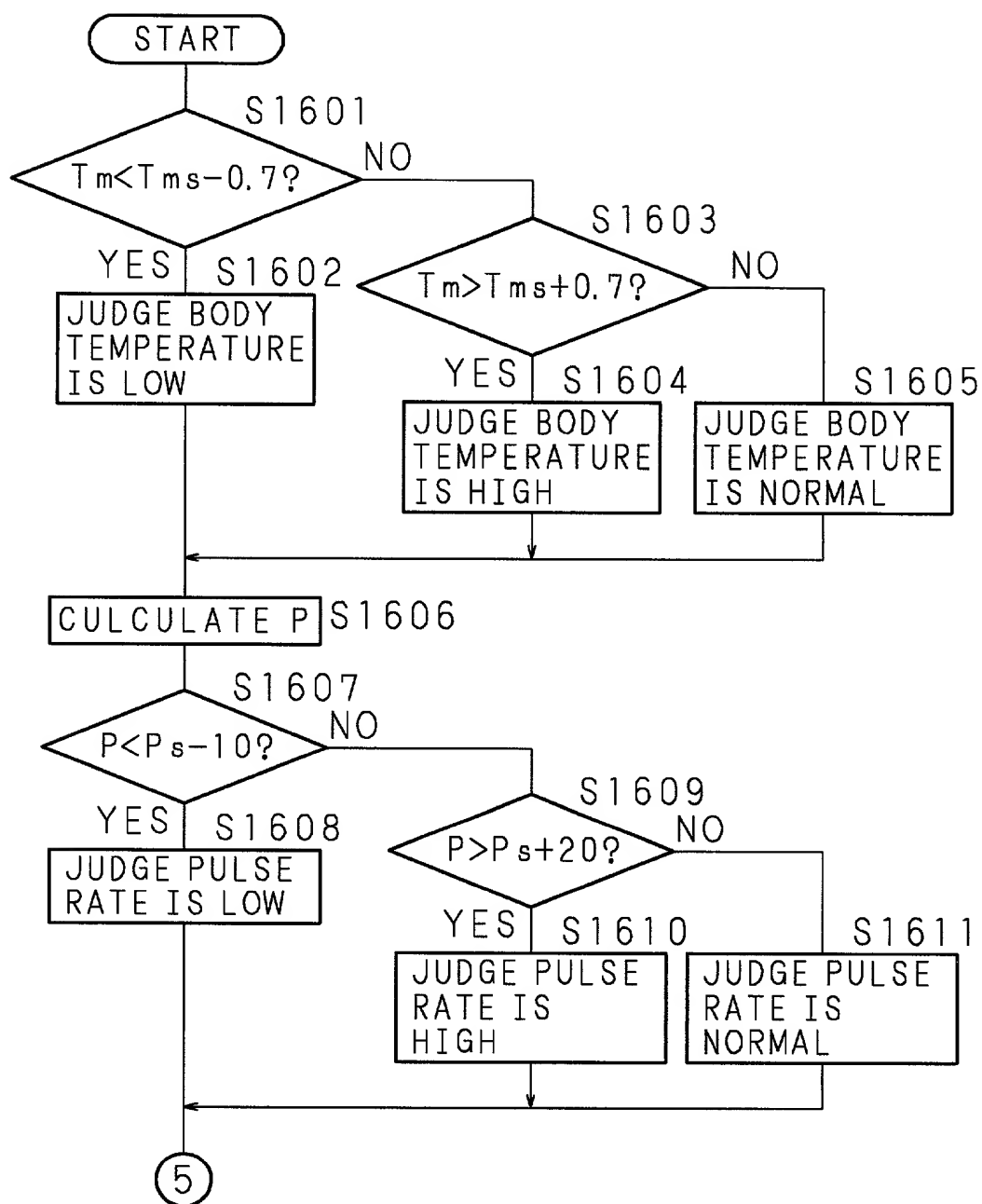


FIG. 19

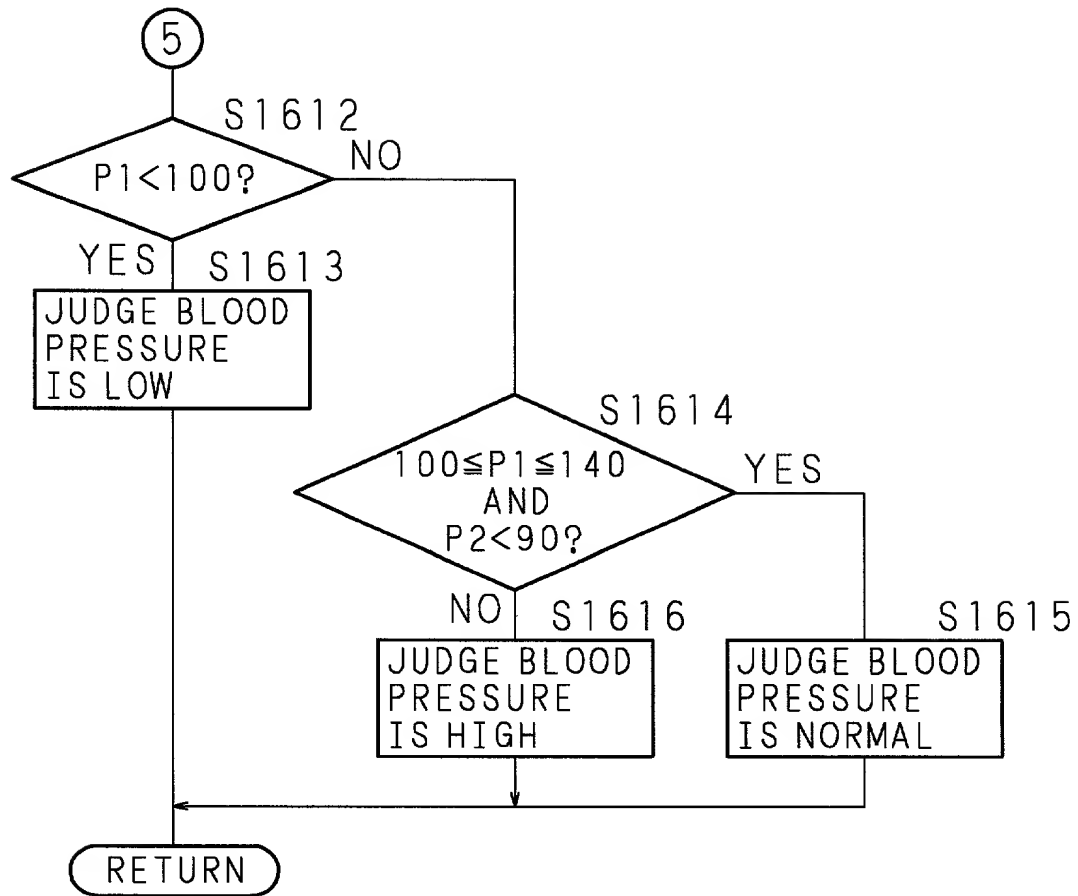


FIG. 20

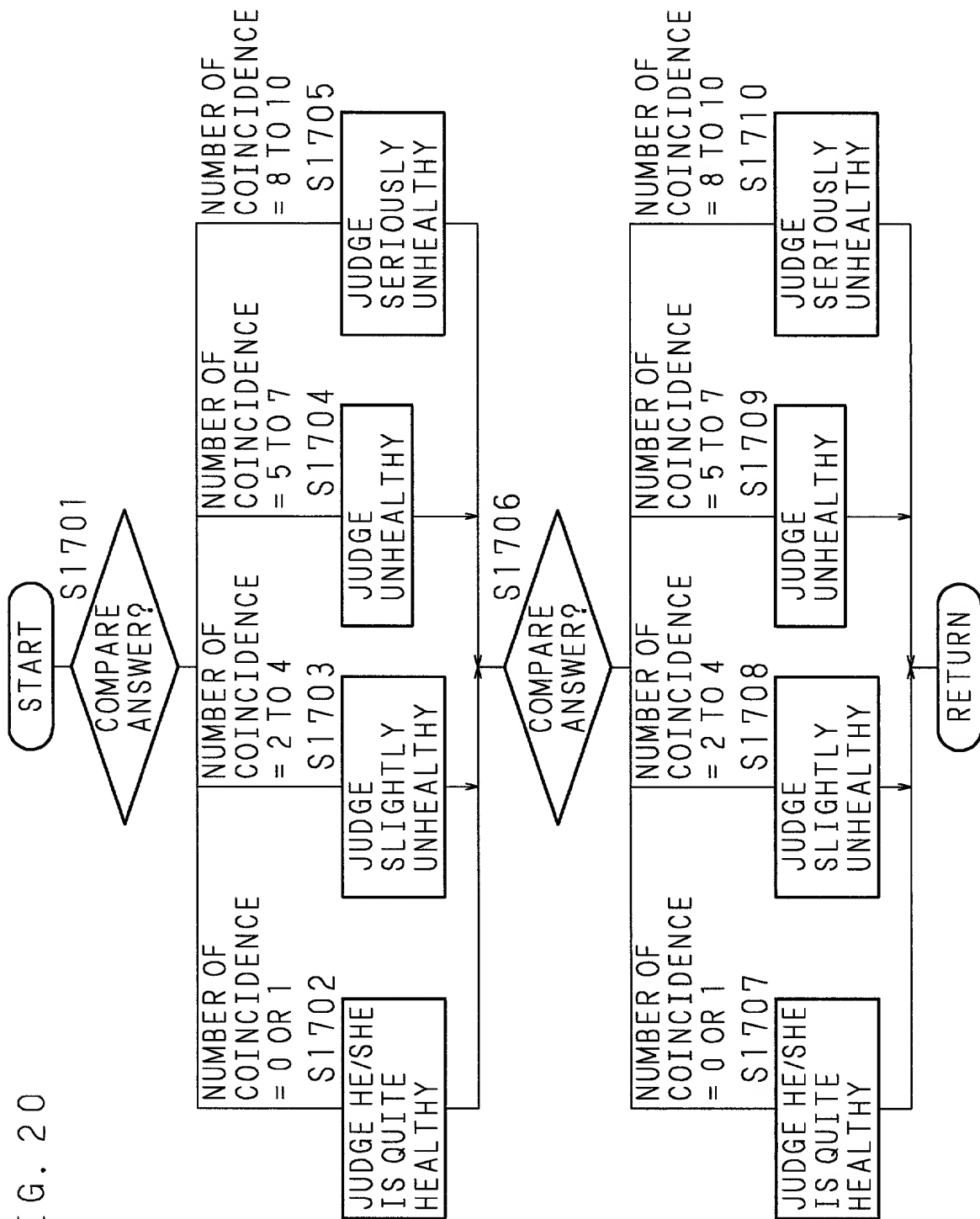


FIG. 21

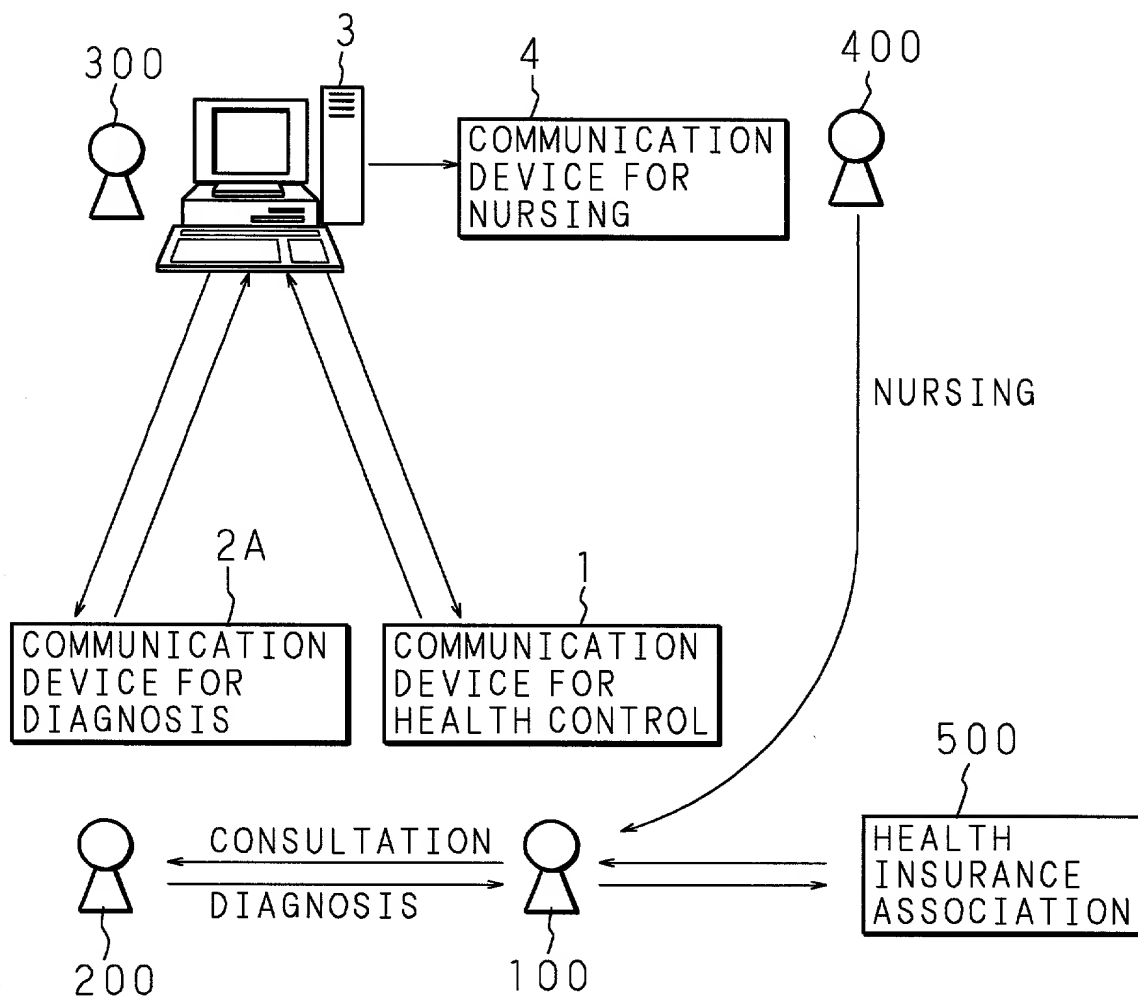


FIG. 22

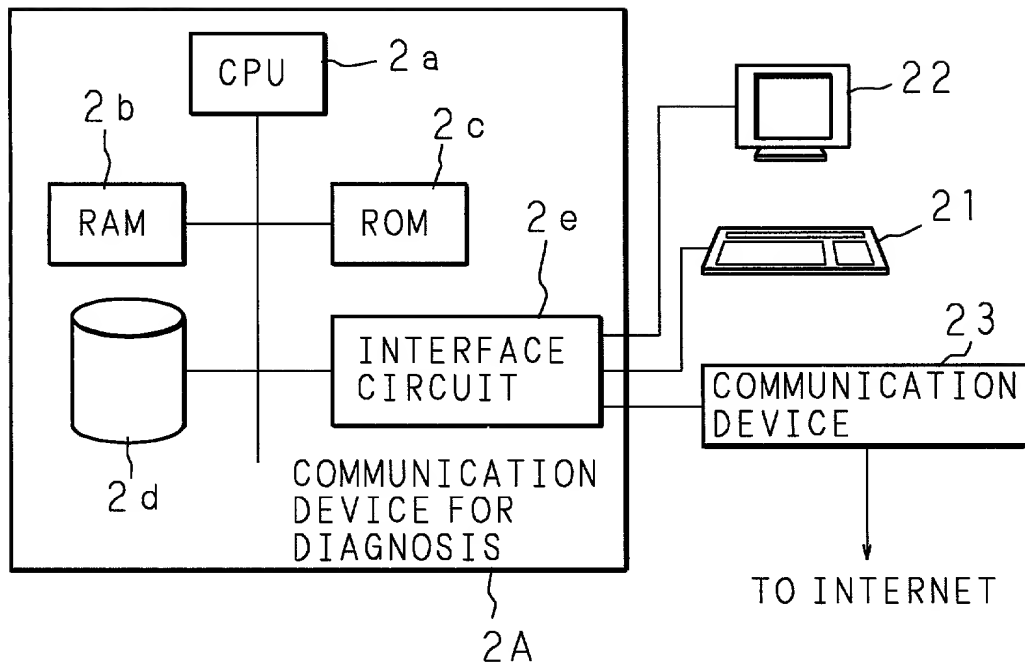
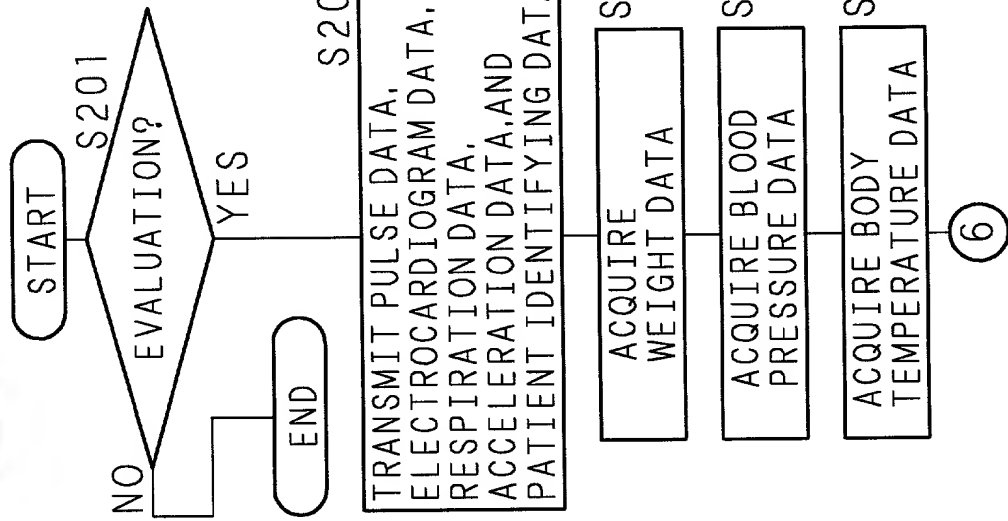


FIG. 23

< COMMUNICATION DEVICE >
< FOR HEALTH CONTROL 1 >



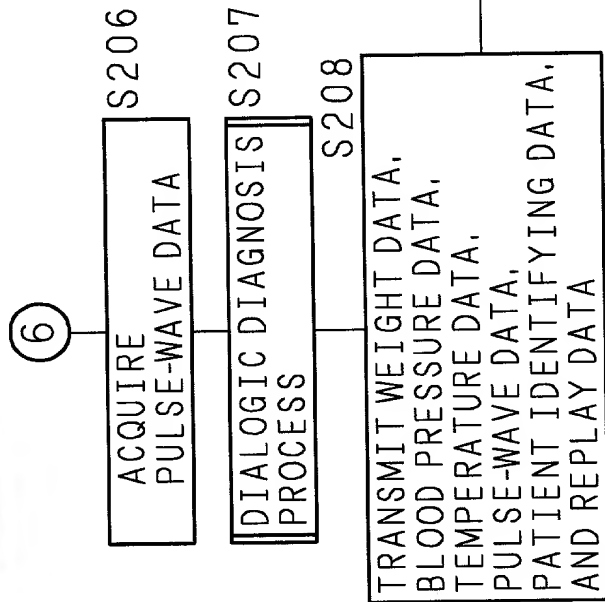
< INFORMATION
PROCESSING
APPARATUS 3 >

< COMMUNICATION
DEVICE FOR
DIAGNOSIS 2A >

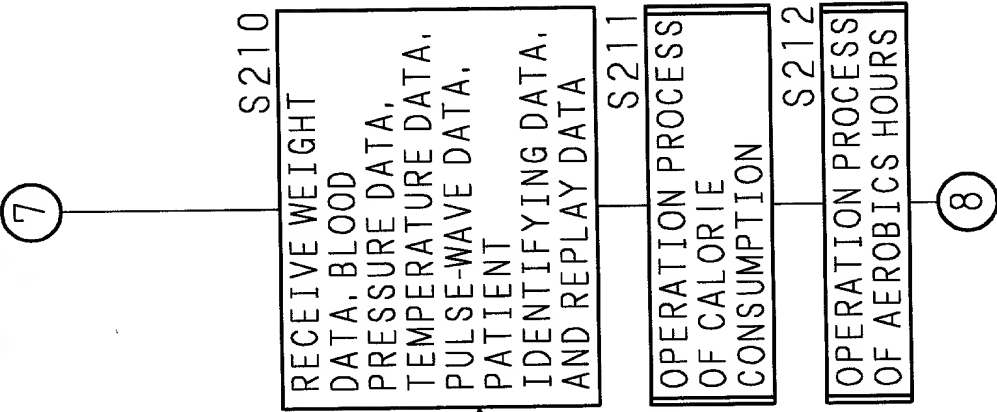
< COMMUNICATION
DEVICE FOR
NURSING 4 >

FIG. 24

< COMMUNICATION DEVICE >
< FOR HEALTH CONTROL 1 >



< INFORMATION >
< PROCESSING >
< APPARATUS 3 >



< COMMUNICATION >
< DEVICE FOR >
< DIAGNOSIS 2A >

< COMMUNICATION >
< DEVICE FOR >
< NURSING 4 >

FIG. 25

COMMUNICATION
DEVICE
FOR HEALTH
CONTROL 1

INFORMATION
PROCESSING
APPARATUS 3

8

OPERATION PROCESS OF
SLEEPING HOURS S213

OPERATION PROCESS OF
STRESS HOURS S214

OPERATION PROCESS OF
DAILY LIFE RHYTHM S215

OPERATION PROCESS OF
HEALTH CONDITION S216

OPERATION PROCESS OF
DIALOGIC DIAGNOSIS S217

UPDATE ACCOUNTING
DATA OF PATIENT S218

CREATE FIRST DATA S219

CREATE SECOND DATA S220

9

COMMUNICATION
DEVICE FOR
DIAGNOSIS 2A

COMMUNICATION
DEVICE FOR
NURSING 4

FIG. 26

